



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

Serving San Bernardino, Inyo and Mono Counties

1425 SOUTH "D" STREET

SAN BERNARDINO, CA 92415-0060

(909) 388-5823 FAX: (909) 388-5825

EMT INITIAL CERTIFICATION

ICEMA EMT or Central Registry
Certification #: _____

Exp Date: _____

National
Registry #: _____

Test Date: _____
Exp Date: _____

Previous Cert # if applicable: _____ Previous Cert Entity if applicable: _____

Legal Name: _____
Last First Middle Sex (M/F)

Address: _____
Home Address City State Zip Is this a change of address? Yes ☐ No ☐

Mailing Address (if different) Is this a change of address? Yes ☐ No ☐

SSN: _____ DOB: _____ Drivers
License: _____ Email: _____

If employed by an EMS Provider(s) please provide the name(s) and address(es): _____

1. Have you ever been denied any EMT certification or other professional licensure, had an EMT certificate or license put on probation, suspended or revoked, or are you under investigation by this or any other agency? If yes, please attach a letter of explanation Yes ☐ No ☐

2. Are you currently under investigation or have you ever been arrested and convicted of a misdemeanor, or felony in California or in any other state or place, including entering a plea of nolo contendere or no contest, and including any conviction which has been expunged (Penal Code 17 (b) or 1203.4) or records sealed? If you checked "Yes", refer to the instructions in the Background Check Information section on the back of this form. Yes ☐ No ☐

3. Have you completed a ONE TIME Department of Justice and FBI Live Scan background check for ICEMA? The Live Scan provides ICEMA with ongoing information of any subsequent arrests. Yes ☐ No ☐

4. Has your Driver's License ever been denied, suspended or revoked? If yes, you must provide a written explanation that describes the action, any corrective action and/or remediation as a result of the action and a current original (not copy) of a DMV printout. Yes ☐ No ☐

I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to EMT Certification in the State of California. I understand all information on this application is subject to verification, and I hereby give my express permission for ICEMA to contact any person or agency for information related to my role and function as an EMT in California. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above. I also understand that the application fees are non-refundable and that California Regulations require me to notify ICEMA in writing within 30 days of any change in my mailing address and/or EMS employer. I also agree to notify ICEMA of any arrests within three (3) business days.

Signature of Applicant: _____ Date: _____

Home Phone Number: _____ Work #: _____

ICEMA USE ONLY: Reviewed By: _____ State Registry Cert #: _____
LiveScan Date OK'd: _____ BLS Exp: _____ Effective Date: _____
EMSA Fee (Amt): \$ _____ (ICEMA Fee _____ Receipt # _____) Expiration Date: _____

INSTRUCTIONS FOR EMT APPLICATION
Please Read Thoroughly and Completely
Incomplete Applications Will Not Be Accepted and Will Be Returned

ICEMA must receive your completed application within two (2) years of course completion

SUBMIT THE FOLLOWING FOR INITIAL CERTIFICATION

- ☐ Completed original application
- ☐ Copy of course completion certificate
- ☐ ~~\$45~~ \$75 Cash or Money Order made payable to ICEMA (NO PERSONAL CHECKS) **and**
- ☐ **\$75** Cashier's Check or Money Order made payable to **EMT Certification Fund**
- ☐ Proof of Live Scan submission
- ☐ Copy of National Registry or California EMT-Paramedic license
- ☐ Copy of current Driver's License (*for ID purposes*)
- ☐ Copy of front and back of signed BLS CPR HealthCare Provider Card

ALL FEES ARE NONREFUNDABLE AND NONTRANSFERABLE

- **NREMT Certification:** National Registry Emergency Medical Technician (NREMT) certification is required for EMT certification.
- **CPR/AED Certification:** CPR/AED card must be equivalent to the American Heart Association's Healthcare Provider level. Online CPR courses without demonstration of skills are not accepted.
- **Background Check Information:** If you are currently under investigation or have ever been arrested and convicted of a misdemeanor, or felony in California or in any other state or place, including entering a plea of nolo contendere or no contest, and including any conviction which has been expunged (set aside) or records sealed, you must disclose this action(s). Because this is a certification, even convictions which have been expunged or sealed must be disclosed. Please attach copies of the final court disposition, and a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. For records sealed, please provide only the date and court name and name of the granting judge. These documents will help ICEMA determine whether you can be certified as an EMT under ICEMA Policy #1030 and/or Health and Safety Code Section 1798.200. Failure to include this documentation will delay the processing of your application. The Live Scan provides ICEMA with ongoing information of any subsequent arrests.
- **Failure to Disclose:** Failure to disclose your involvement in a current investigation or any arrest and convicted of a misdemeanor, or felony in California or in any other state or place, including entering a plea of nolo contendere or no contest, including any conviction which has been expunged (set aside) under Penal Code 17 (b) or 1203.4 is considered fraud in the procurement of a certificate. This may result in disciplinary action and/or denial of certification.